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E  
CLERK OF COURT

1. File Number U - 2702	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Jeff A Agee, Jr. P.O. Box, Bldg., Room No., if any Street 7429 Saxby Road City Richmond State Virginia ZIP Code +4 23231	4. Name, file number, and address of labor organization. Name IAMAW Local Lodge 10 Labor Organization File Number 009107 P.O. Box, Building and Room Number, if any Street 3204 Cutshaw AV City Richmond State Virginia ZIP Code +4 23230
5. Position in labor organization. Business Representative	

<p><b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b></p>	
<p><b>6. Name and address of Employer (including trade name, if any).</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State <b>Virginia</b> ZIP Code + 4</p>	<p><b>7.a. Nature of Interest, Transaction, or Income.</b></p> <p><b>7.b. Amount.</b></p>

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 7/7/2005 804-359-4058  
Date Telephone Number

P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name National Group Protection

Trade Name, if any: National Group Protection

P.O. Box, Bldg., Room No., if any

Street 1445 Greenbrier Place

City Charlottesville

State Virginia ZIP Code + 4 22901

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

\*\* The Union nor I have any income or expense as it relates to these programs, nor does the Union have any information as to how many members elect coverage.

## 11.a. Nature of such dealing.

Members of the IAM locals at some bargaining units have the option to choose supplemental insurance from a variety of optional insurance programs offered by NGP at the individuals expense. These programs are in no way funded by Union funds.

## 11.b. Approximate dollar value of such dealing.

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## 12.a. Nature of interest held or income received.

NGP invited my to one UVA/Maryland football game - four tickets estimated value \$140.00.

## 12.b. Amount.

estimated

140.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

## 14.b. Amount of payment.